## MULTISTATE POWER OF ATTORNEY FORM – ADDENDUM B

Additional Representativ	ve(s)/Appointee(s) List any additional rep	resentative(s)/appointee(s).		
Additional Representative	Check this box to send copies of notices to this	s representative.		
Name:		Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID:		
Address (suite, room, PO Box, or PMB no	.):	Telephone Number:	Fax Number:	
City:		State:	Zip Code:	
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Additional Representative Check this box to send copies of notices to this repr			Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID:	
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Email address:				
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·		Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID:		
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City:		State:	Zip Code:	
Email address:				
Additional Representative	Check this box to send copies of notices to this			
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City:		State:	Zip Code:	
Email address:				